

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	✓\$		11-21-01
O.I.P.E. CLASSIFIER		10	11-30-01
FORMALITY REVIEW	CTH	744	12-03-01
RESPONSE FORMALITY REVIEW	SP	1027	12/28/01

INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
✓	.....	Allowed	I	.....	Interference
✓	(Through numeral)...	Canceled	A	Appeal
✓	Restricted	O	Objected

Claim	Final	Original	Date
1	0	2	2/2/90
2	1	1	11/5/90
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11	0		
12	0		
13	0		
14	0		
15	0		
16	0		
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18	0		
19	0		
20	0		
21	0		
22	✓		
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28	✓		
29	✓		
30	✓		
31	✓		
32	✓		
33	✓		
34	✓		
35	0		
36	✓		
37	✓		
38	✓		
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40	✓		
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43	✓		
44	✓		
45	✓		
46	✓		
47	0		
48	✓		
49	✓		
50	✓		

Claim		Date
Final	Original	
	51	✓
	52	0
	53	✓
	54	✓
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Final Original	Claim	Date					
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Best Available Copy

If more than 150 claims or 10 actions
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12-10-28
10-10-28